

Equality and Children's Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,
- the UNCRC (Incorporation) (Scotland) Act 2024,

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

X-RAY Service Provision, Adamson Hospital Cupar

Question 2a: Lead Assessor's details

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Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

No

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	NHS Fife Radiology services have an x-ray facility within Adamson Hospital, Cupar (AHC). The equipment is part of the Radiology equipment replacement programme and has been due for replacement since 2011. The
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replacement has been delayed due to competing priorities for replacement of essential equipment within the acute hospital site. A review of service provision has been carried out within radiology to support prioritisation of equipment replacement. As part of the review we are giving consideration to the option of redesigning imaging services within the community hospitals to maximise efficient use of resource, to deliver value and sustainability with no impact on patient safety or patient experience. This redesign would result in the withdrawal of x-ray services at AHC and increased x-ray services at Glenrothes and St Andrews community hospitals (SACH).

As a result of a RIDDOR reportable incident that occurred due to the abrupt faulting of the x-ray unit whilst being used by a member of staff, modifications to the x-ray service have already taken place which have significantly reduced the type of x-ray that can be accommodated at AHC, with patients already being redirected to other sites for x-rays out with the newly defined safe scope. This action has been taken to protect staff. There is an ongoing risk assessment and the service will withdraw immediately if there is a risk to staff wellbeing.

Staff who currently provide x-ray services at AHC do so as part of a Fife wide rotation, there are no radiology staff permanently based at AHC. The staff rota will be adapted to remove AHC rotation and increase service provision at staff base sites.

Identified positives that impact all protected characteristics

We will continue to deliver high-quality x-ray services at alternative hospital sites across Fife including the Victoria Hospital Kirkcaldy (VHK), the Queen Margaret Hospital Dunfermline (QMH), SACH and Glenrothes hospital. Activity at these 4 sites will be increased to ensure capacity for x-rays across Fife is maintained and remains flexible to meet increase in demand. X-ray services will continue to be delivered by highly specialised Radiographers. Having the Radiographers across 4 sites as opposed to 5 increases the staff availability and resilience, working closely together and maximising efficient use of resource.

The redesign of X-ray services across Fife will improve the quality of imaging for patients requiring x-rays. Higher quality imaging equipment will be installed at hospital sites in Glenrothes, SACH, VHK and QMH that offers improved quality imaging at a lower radiation dose to patients and staff. Increasing services at Glenrothes hospital by 4 hours per day and removing the 4 hour per day service at AHC improves accessibility to x-ray for central Fife.

Due to the current manual handling risk to staff that currently has mitigations in place, moving x-rays services away from AHC to an alternative and safer environment at VHK, SACH, QMH or Glenrothes removes the risk to staff.

Identified Negatives that impact all protected characteristics

	There may be concerns about equitable access to x-ray services; particularly if transport support and reimbursement services are not widely known or easily accessible. Furthermore, increased travel distance may disproportionately affect low-income families who may not have access to reliable transportation, impacting their right to timely and adequate healthcare. Appropriate public communications will mitigate this risk.
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Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children’s rights assessment (CRWIA).</i></p>	<p>X-ray services at AHC are routinely offered to patients over 12 months, children under 12 months requiring imaging directly from minor injuries are not currently routinely accommodated, each case should be discussed with senior doctor prior to imaging request, and doctor named on referral. The closure of AHC therefore results in no change to provisions for children under 12 months.</p> <p>It is not anticipated the proposed changes will have an impact on people dependent on age.</p>
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	<p>There is potential that this change may have an impact on patients with disabilities by causing additional stress due to unfamiliarity of hospital settings and location, if travel beyond AHC is required.</p> <p>A patient’s ability to travel may be impacted by cost implications and logistical challenges.</p> <p>Disabled car parking at VHK, QMH, Glenrothes and SAC is easily accessible on the ground level. Entrances to each x-ray department at VHK, QMH, SACH and</p>

	<p>Glenrothes hospital are also on the ground level. The proposed change therefore is not expected to negatively impact accessibility for disabled service-users or those in wheelchairs. If the number of disabled parking spaces is found to be insufficient, a reasonable solution with NHS Fife estates team will be sought.</p> <p>BSL interpreters and Deafblind guides will continue to be made available for any patient that requires this, regardless of this service change.</p>
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	<p>Service users who are required to be redirected to Glenrothes, SACH, VHK or QMH, will continue to have their communication and language needs met regardless of this change.</p> <p>Language Line provides interpreting support 24/7 and is accessible from all sites. If a face-to-face interpreter is required, this will be provided as per NHS-Fife wide process, and access to this will not be impacted by this change.</p>
<p>Sex – <i>Think: male and/or female, , Gender-Based Violence</i></p>	<p>For cases of Gender-based violence, it is not anticipated that this change will result in any differences to care. All NHS Fife staff must complete mandatory training in Gender-Based Violence regardless of what site they work from.</p> <p>NHS Fife offers comprehensive support for individuals affected by gender-based violence (GBV) through the Fife GBV Team which, provide help and advice for those affected by domestic abuse and/or sexual violence. They can be contacted from any location across Fife, therefore this change is not anticipated to impact people due to this protected characteristic. Single-sex spaces will be offered at all sites.</p>
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	<p>All service users are cared for on an individualised basis, there are no anticipated impacts identified for this group.</p>

<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	<p>It is not anticipated the proposed changes will have an impact on people with this protected characteristic.</p> <p>VHK and QMH have a multifaith room available for prayer, meditation, and reflection. These rooms are designed to accommodate the spiritual needs of people from various faiths and beliefs. Facilities have space for any increased capacity.</p> <p>Spiritual Care Teams will continue to be contacted via switchboard in events required.</p> <p>There are no designated places in SACH or Glenrothes hospitals for prayer, meditation, and reflection. If service users require a private space, the spiritual care team will be called for support and this will be coordinated in partnership with clinical service managers</p> <p>If staff wish to pray privately they will be required to coordinate that with their Nursing or Clinical lead, as is the current process at AHC.</p>
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender</i></p>	<p>All service users are cared for on an individualised basis, there are no anticipated impacts identified. There is no specific evidence to suggest the closure of the service has a disproportionate impact on people in relation to gender reassignment.</p> <p>All staff are appropriately trained, and care provided will not differ depending on this protected characteristic.</p> <p>NHS Fife notes the clarity provided by the April 2025 Supreme Court Ruling regarding the legal definition of a woman. We are now taking time to carefully consider the judgment and its implications.</p>
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	<p>Breast feeding and mother and baby facilities are provided for staff and service users on all sites.</p> <p>Persons who are pregnant or postpartum, who require an x-ray will continue to have access x-ray services across Fife at VHK, QMH, Glenrothes and SACH</p>

<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p>	<p>There is no specific evidence to suggest the closure of the service has a disproportionate impact on people in relation to marriage and Civil partnership.</p>
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Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	<p>This change will bring improvement to care and service delivery for all patients, including children. The positive impacts of this change on children has been considered in the decision making involved in this change.</p> <p>The communication plan for this change will also consider how this can be accessible to children and young people also.</p>
<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	<p>The X-ray departments at VHK, QMH, SACH and Glenrothes are safe and supportive environments where children can receive high quality care. All staff are trained to handle children's needs sensitively, appropriately and in a protective manner.</p> <p>Staff are all sufficiently trained in child protection and able to identify any concerns. Stringent processes are in place to ensure children and young people can be referred for comprehensive support services, including psychological support for children who have experienced trauma, ensures that their right to protection is upheld. This holistic approach helps children recover fully and continue to develop healthily.</p>

<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	<p>Children and their families will continue to be able to access the support of the NHS Fife Patient Experience team should they wish to do so</p> <p>NHS Fife provides information for all patients about their right to make complaints if they are unhappy with the care they receive. This empowers all patients including children to voice their concerns and ensures their experiences are taken seriously</p>
<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	<p>The impact will not differ in relation to the refugee/settled status that an individual may have.</p>
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i></p> <p><i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	<p>For impact relating to disabilities, please refer to Q4.</p>
<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i></p> <p><i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	<p>NHS Fife provides assurance that children receive high-quality x-ray services supporting their right to health. This includes access to well-equipped facilities, trained healthcare professionals, and timely access to x-ray. This change of service results in overall improved provisions by reducing the number of sites. This will therefore positively impact children.</p> <p>NHS Fife provides assurance that the x-ray facilities are clean and safe to prevent infections and promote healing. This includes maintaining hygiene standards and providing a healthy environment for recovery.</p>
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

The current x-ray machine has reached the end of its life and due to its age can no longer be repaired. Replacing it would cost over £300,000 and there is no available capital funding for this. The machine continues to be used in a limited capacity, accommodating x-ray requests within a limited scope to mitigate risk of staff injury.

The decision to not replace the machine was also informed by the data collection which specified there were an average of 75 x-rays/week performed at AHC, which is very low. More modern x-ray facilities are available at SACH and Glenrothes Hospital ensuring patients have access to higher quality imaging services with improved staffing resource to provide safe and effective care.

The X-ray service at AHC currently operates 5 mornings per week 9am-12.30pm providing x-ray imaging for GP patients, Minor injuries patients, out patients and in-patients. The service is supported by 1 registered Radiographer (band 6 or band 7) and 1 HCSW (band 3 or band 2)

The average day at Cupar X-ray is as follows

- **3 Minor injuries patients**

In the last 12 months there were 711 minor injury patients x-rayed at AHC, averaging 14 per week

If the proposal to withdraw x-rays services is endorsed, there would be no x-ray service available at AHC and all MIU patients would be redirected for imaging. The decision on where to redirect to would be based on clinical assessment and potential treatment planning. There are efficient pathways in place currently for the redirection of MIU patients for x-ray between 12.30pm and 5pm, given the limited 9am-12.30pm x-ray service provision at this community hospital. The existing approach would be extended to cover all hours.

- **11 GP patients, 5 from Adamson based GP's, 6 from other Fife practices.**

The data shows that the X-ray service at AHC is predominantly providing a service for GP patients from the 2 GP practices sited within Adamson hospital Cupar.

From a total of 2875 GP referrals, 50% present from the 2 practices within Adamson (Bank street practice and Eden Villa practice) with the other 50% presenting from the 26 surrounding local practices.

Bank street practice and Eden Villa Practice refer a total of 1718 patients per year for X-ray imaging, with 82% of their patients attending X-ray facilities within AHC, 13% attending SACH, 4 % attending VHK, 0.6% attending QMH and 0.4% attending Glenrothes hospital.

- The proposal is to withdraw x-rays services at Adamson and redesign the X-ray service at Glenrothes hospital and St Andrews hospital, making use of the Radiographer and HCSW resource from Adamson hospital to create additional capacity in order to meet the x-ray demand without impact on request to report turnaround times. This solution will ensure that there is no clinical impact on patient safety/patient pathway. **1 Inpatient or outpatient.**

In the past 12 months, there were 178 **outpatients** x-rayed at AHC, averaging 3/week from a mix of Rheumatology, Orthopaedic and podiatry. There is no direct access for outpatients at AHC, all patients are appointed and if the proposal to withdraw x-rays services is endorsed, the outpatients would simply be appointed at another site, where there is sufficient capacity to manage this demand. In the past 12 months, there were 83 **inpatients** x-rayed at AHC, predominantly for chest x-ray imaging. If the proposal to withdraw x-rays services is endorsed, there are efficient pathways in place for routine and urgent imaging requests from community hospitals with no x-ray facilities (Cameron, Lynbank, Stratheden) that will be extended to include AHC.

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Radiology staff, wider staffing groups, SLT have been involved in immediate risk assessments. Wider public consultation is ongoing in relation to wider provision changes, inclusive of this one.

Question 8: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)</p>	Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into</p>	

mitigations must be made therefore Stage 2 EQIA or full CRWIA required.	
3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.	
4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.	

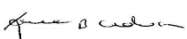
PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Jane Anderson
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Signature	
Date	14/05/2025

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
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Telephone (ext)	29557
Signature	
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